

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09901137

FILING DATE

07-10-01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		2				
16		2				
17		2				
18		2				
19		2				
20		1				
21		1				
22		2				
23		1				
24		1				
25	1					
26		1				
27		1				
28	1					
29		1				
30		1				
31		2				
32		2				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	30					
TOTAL CLAIMS	35					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS